U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2555

3. Name and address of person filing.

Russe LL M MANN

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

Name

2. Fiscal Year Covered From:

1/1/2005 Through: 12/31/2005

United Transportation MAICA

4. Name, file number, and address of labor organization.

Labor Organization File Number 000 - 3/14

| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Street 5-8444 Brandway BLVJ. | Street 14600 Detroit Avenue | | | | | | | |
| City ELKHART | City Clare Lizad | | | | | | | |
| State Indiana ZIP Code + 4 46516. | State OHIO ZIP Code +4 44107 | | | | | | | |
| 5. Position in labor organization. President - Local 16-20 | | | | | | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): | | | | | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | | | | | | | | |
| Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. | | | | | | | |
| Name | | | | | | | | |
| Trade Name, if any: | | | | | | | | |
| | | | | | | | | |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. | | | | | | | |
| Street | | | | | | | | |
| City | | | | | | | | |
| | | | | | | | | |
| State ZIP Code + 4 | | | | | | | | |
| Signature | | | | | | | | |
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instruct cns.) | | | | | | | | |
| Signed Russell m. mann | On May 9, 2006 574 - 875 - 6236 Date Telephone Number | | | | | | | |
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | | | | | | 70 |
|----|----------|------------|----------|------------|------------|------------|
| ð. | Name and | address of | Business | (including | trade name | , it any), |

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant

Name Magnington, Thompson, Acken + Harrington 170. - Mrols

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Third Floor \$ 28 - Christmas Gift

Street 180 North Wacken Drive

City Chicogo

13.b. Is the Business an Employer X

Chicogo

Illinois ZIP Code+4 60606

or Consultant

14.a. Nature of payment.

14.b. Amount of payment

\$ 274.